

**When Recorded-Return To:**

**Skagit Law Group, PLLC**

**P. O. Box 336**

**Mount Vernon, WA 98273**

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 01/22/2025

**DOCUMENT TITLE(s):** *(or transactions contained therein)*

**DEATH CERTIFICATE**

**GRANTOR(s):** *(last name, first name and initials)*

**EMANUELSON, ERIC D.**

☐ *Additional names on page \_\_\_\_ of document*

**GRANTEE(s):** *(Last name, first name and initials)*

**WASHINGTON STATE**

☐ *Additional names on page \_\_\_\_ of document*

**ABBREVIATED LEGAL DESCRIPTION:** (i.e., lot, block, plat or quarter, quarter, section, township and range):

**UT S-1, FINLEY LANE TOWNHOUSE CONDO**

☐ *Additional legal on page \_\_\_\_ of document*

**ASSESSOR'S PARCEL/TAX I.D. NUMBER:** P111807 / 4696-000-004-0000

**REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:**

☐ *Additional reference numbers on page \_\_\_\_ of document*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-062911

DATE ISSUED: 12/27/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ERIC D  
LAST NAME(S): EMANUELSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 21, 2024

HOUR OF DEATH: 08:00 AM

SEX: MALE

AGE: 71 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PLEASANT HILL, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MELISSA FUHRER

OCCUPATION: LABORER

INDUSTRY: CONSTRUCTION - GENERAL

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: MELISSA EMANUELSON

RELATIONSHIP: WIFE

ADDRESS: 702 FINLEY LANE, LACONNER, WA, 98257

CAUSE OF DEATH:

A: PARKINSONS DISEASE

INTERVAL: 13 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OROPHARYNGEAL DYSPHAGIA

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 702 FINLEY LN

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257-4713

RESIDENCE STREET: 702 FINLEY LN

CITY, STATE, ZIP: LA CONNER, WA 98257-4713

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 11 MONTHS

FATHER: DONARD EMANUELSON

MOTHER: NANCY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 27, 2024

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: ADAM J. CRENNAN

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: DECEMBER 26, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: DECEMBER 26, 2024



## Affidavit for Correction

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This is a legal document. Complete in ink and do not alter.

Washington State Department of Health Statistics  
P.O. Box 47804  
Olympia, WA 98501-7814  
360-236-4300

DOH 422-030 August 2019

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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## Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record:		2. Date of Event:		3. Place of Event:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify):				
	7. Return Mailing Address:				

Telephone Number:	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature:		14b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcript
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

**Birth Certificates**

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

**Adult (18 years or older)**

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

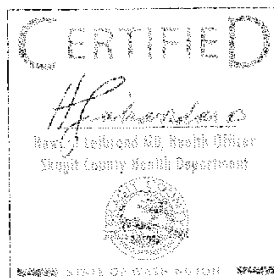
To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**Death Certificates**

- Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Certificate is valid unless the Seal of the State of Washington changes color when heat applied.



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